

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 107184903 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1		1			
3	1		1			
4	4		4			
5	4		4			
6	4		4			
7	4		4			
8	4		4			
9	4		4			
10	4		4			
11	4		4			
12	4		4			
13	4		4			
14	4		4			
15	4		4			
16	4		4			
17	4		4			
18	4		4			
19	4		4			
20	1		1			
21	4		4			
22	4		4			
23	①	①	4			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

1
1
1

1
1
1

1
1
1

1
1
1